

SUPPLY AND MEDICATION ASSISTANCE PROGRAM

Mary Rutan Hospital
Care Coordination Department

THIS DOCUMENT WILL BE HELD IN STRICT CONFIDENCE

FALSE OR MISLEADING INFORMATION MAY RESULT IN DENIAL OF ASSISTANCE

Name: _____ Date of Application: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: S M D W X Are you currently a resident of Logan County?
Y N

Address: _____ City: _____

Telephone #: _____ Contact/Message #: _____

Emergency Contact: _____ Telephone #: _____

PLEASE LIST SPOUSE, CHILDREN, AND/OR OTHERS IN HOME:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please tell us about your cancer story: (When you learned about it, what type, treatment options, etc.) Use back of form if needed.

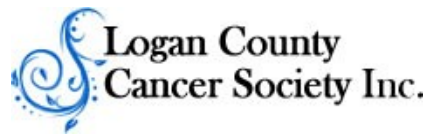
Are you currently receiving any benefits such as Medicare, Medicaid, Food Stamps, or Social Security Disability? Y N If yes, please specify:

If you are covered under Medicare, do you have Part D drug coverage? Y N

I certify the above information is true and correct and can be verified. I also certify I am currently being treated for or have previously had cancer. I understand that the Logan County Cancer Society will pay up to, but no more, than \$200.00 a month for supplies and \$300.00 in medication for the treatment of cancer and cancer related illness or injuries. I also understand that the Logan County Cancer Society will make a one time payment up to and no more than \$300.00 for a wig, hair piece, or hair extension.

Applicant/Parent/Guardian Signature

Date



Mission: to provide financial assistance to residents of Logan County who have cancer or cancer related illnesses, while promoting education in the detection and treatment of cancer.

We can help with the following:

Cancer Related Medication: \$300.00 per month

Cancer Related Supplies: \$200.00 per month

Wigs: \$300.00 Annually

Travel: \$750.00 per month for Cancer patients traveling for radiation, chemotherapy, as well as visits and/or treatments with an Oncologist. This assistance would be provided in a "fuel only" Speedway gas card.

We do not cover the cost of travel to physical therapy appointments, blood draws, or lab work unless your physician writes a letter stating that physical therapy cannot be done in Logan County and states in writing why it cannot be done in Logan County.

Screenings: In special circumstances (must be approved by Foundation COO)

Emergency Assistance: \$1,000.00 annually – in special circumstances at the discretion of care coordination director – food cards, utility bills, cleaning supplies, special clothing needs, etc. Financial guidelines based on need, will be established for this area of assistance. Those guidelines will be similar to the criteria used for MRH Medication Assistance.

Requirements & Procedures

- Must be a resident of Logan County
- Schedule appointment with Mary Rutan Hospital Care Coordination Department
- Provide required documents for approval (physician diagnosis, prescription, supplies required, other items requested by Care Coordination Staff)
- Request reviewed and approved or denied
- If client has insurance, insurance must pay before assistance will be provided
- Voucher issued to client, voucher approved for 1–3 months then must be renewed
- Client takes voucher to approved pharmacy or business or Logan County Cancer Society will fax voucher to approved pharmacy or business
- Pharmacy or Business invoice LCCS for amount due monthly
- Term limits for assistance (currently no term limits)

American Cancer Society Resources:

Road to Recovery Program –

<https://www.cancer.org/treatment/support-programs-and-services/road-to-recovery.html>

General information – <https://www.cancer.org/treatment.html>